

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2009</h2>		Application Number	10/528,636
		Filing Date	March 22, 2005
		First Named Inventor	Lionel Oisel et al.
		Examiner Name	Linh Black
		Art Unit	2163
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	PF020128
TOTAL AMOUNT OF PAYMENT		(\$) 540	

METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER 24498	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify) : _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>07-0832</u> Deposit Account Name: <u>THOMSON LICENSING LLC</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) <input checked="" type="checkbox"/> Credit any overpayments	
Under 37 CFR 1.16 and 1.17	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	

FEE CALCULATION										
1. BASIC FILING, SEARCH, AND EXAMINATION FEES										
	FILING FEES		SEARCH FEES		EXAMINATION FEES					
	Small Entity		Small Entity		Small Entity					
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)			Fees Paid (\$)	
Utility	330	165	540	270	220	110			_____	
Design	220	110	100	50	140	70			_____	
Plant	220	110	330	165	170	85			_____	
Reissue	330	165	540	270	650	325			_____	
Provisional	220	110	0	0	0	0			_____	
2. EXCESS CLAIM FEES										
Fee Description						Fee (\$)	Small Entity			
Each claim over 20 (including Reissues)						52	26			
Each independent claim over 3 (including Reissues)						220	110			
Multiple dependent claims						390	195			
Total Claims						Multiple Dependent Claims				
Extra Claims						Fee (\$)	Fee Paid (\$)			
Q -20 or HP = Q x Q = Q						Q	Q			
HP = highest number of total claims paid for, if greater than 20.										
Indep. Claims						Multiple Dependent Claims				
Extra Claims						Fee (\$)	Fee Paid (\$)			
Q -3 or HP = Q x Q = Q						Q	Q			
HP = highest number of independent claims paid for, if greater than 3.										
3. APPLICATION SIZE FEE										
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
Total Sheets						Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)
Q - 100 = Q / 50 = Q (round up to a whole number)						Q	Q		Q	
4. OTHER FEE(S)										
Non-English Specification, \$130 fee (no small entity discount)									_____	
Other (e.g., late filing surcharge): Appeal Brief									540	

Submitted			
Signature	/Joseph J. Opalach/	Registration No. (Attorney/Agent)	36,229
Telephone	609-734-6839		
Name (Print/Type)	Joseph J. Opalach	Date	11/17/08